

DAVID Y. IGE
GOVERNOR

SHAN S. TSUTSUI
LT. GOVERNOR

STATE OF HAWAII
OFFICE OF THE DIRECTOR
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
335 MERCHANT STREET, ROOM 310
P.O. Box 541
HONOLULU, HAWAII 96809
Phone Number: 586-2850
Fax Number: 586-2856
www.hawaii.gov/dcca

CATHERINE P. AWAKUNI COLÓN
DIRECTOR

JO ANN M. UCHIDA TAKEUCHI
DEPUTY DIRECTOR

TO THE HOUSE COMMITTEE ON CONSUMER PROTECTION AND COMMERCE

TWENTY-EIGHTH LEGISLATURE
Regular Session of 2015

Wednesday, February 18, 2015
3:00 P.m.

TESTIMONY ON HOUSE BILL NO. 174, H.D. 1 – RELATING TO HEALTH.

TO THE HONORABLE ANGUS L.K. MCKELVEY, CHAIR, AND MEMBERS OF THE COMMITTEE:

My name is Gordon Ito, State Insurance Commissioner, testifying on behalf of the Department of Commerce and Consumer Affairs (“Department”). The Department takes no position on this bill, and submits the following comments on this bill.

The purpose of this bill is to add a new mandated health insurance benefit requiring all individual and group accident and health or sickness insurers, mutual benefit societies, and health maintenance organizations to provide coverage of medically necessary orthodontic services for the treatment of orofacial anomalies resulting from birth defects or syndromes.

As drafted, this mandate would apply to all insurers of accident and health or sickness policies, not only health insurers, mutual benefit societies, and health maintenance organizations. The statute should exclude limited benefit health insurance as set forth in section 431:10A-102.5, Hawaii Revised Statutes.

In addition, notwithstanding proposed paragraph (g), the addition of a new mandated coverage may trigger section 1311(d)(3) of federal Patient Protection and Affordable Care Act which requires states to defray the additional cost of any benefits in excess of the essential health benefits of the state’s qualified health plan. The

House Bill No. 174, H.D. 1
DCCA Testimony of Gordon Ito
Page 2

Department defers to the Auditor's study (report no. 14-08, September 2014) on mandating insurance coverage for orofacial anomalies.

We thank the Committee for the opportunity to present testimony on this matter.



STATE OF HAWAII
DEPARTMENT OF HEALTH
P. O. Box 3378
Honolulu, HI 96801-3378
doh.testimony@doh.hawaii.gov

**Testimony COMMENTING on HB 174, HD 1
RELATING TO HEALTH**

REPRESENTATIVE ANGUS L.K. MCKELVEY, CHAIR
HOUSE COMMITTEE ON CONSUMER PROTECTION AND COMMERCE
Hearing Date: February 18, 2015 Room Number: 325

Fiscal Implications: The proposed mandate for health insurance coverage of medically necessary orthodontic services for children with orofacial anomalies will reduce the financial burden for families whose health insurance does not cover such services. Based on the State Auditor's report, the financial impact on health insurers is expected to be minimal.

Department Testimony: The Department of Health (DOH) is providing comments on the proposed health insurance coverage for medically necessary orthodontic services for the treatment for individuals under age 26 years who were born with an orofacial anomaly such as cleft lip and palate.

In Hawai'i, the rate of children with orofacial anomalies is estimated to be one in every 500 births. Children with orofacial anomalies require orthodontic services as an integral part of the treatment process that also involves the pediatric dentist, oral maxillofacial surgeon, plastic surgeon, and other specialists. Children with orofacial anomalies may require up to three separate phases of orthodontic treatment due to changes in dentition and facial structure with maturity.

Without appropriate treatment, children born with orofacial anomalies such as cleft lip and/or palate experience long- and short-term problems, including feeding and growth, frequent ear infections, hearing loss, speech delays and difficulties, dental and orthodontic malocclusion, and social-emotional challenges.

The State Auditor studied the social and financial effects of mandating health insurance

1 coverage for medically necessary orthodontic treatment of persons with orofacial anomalies
2 (“Study of Mandatory Health Insurance for Treatment of Orofacial Anomalies”, Report No. 14-
3 08, September 2014, <http://files.hawaii.gov/auditor/Reports/2014/14-08.pdf>). The report
4 recommends requiring health insurance coverage for medically necessary orthodontic treatment
5 for orofacial anomalies, based on the following:

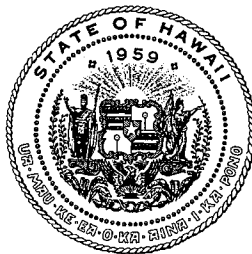
- 6 ▪ **Social impacts to patients are significant.** Treatment cost estimates range from
7 approximately \$5,700 to \$20,000 or more. The lack of insurance coverage for
8 medically necessary orthodontic services for orofacial anomalies places a
9 significant financial hardship on families that cannot receive grants or qualify for
10 state assistance through the DOH Children with Special Health Needs Program.
- 11 ▪ **Financial impacts on insurers are minimal.** Reports from California and
12 Massachusetts indicate that mandated insurance coverage for orofacial anomalies
13 increased premiums by two to four cents, or less, per member per month.

14 As of July 2014, 16 states have laws requiring private health insurers to cover
15 orthodontics used to treat cleft lip or palate, craniofacial disorders, or other birth defects
16 requiring orthodontic treatment.

17 In Hawai‘i, orthodontic treatment for orofacial anomalies is not generally available as a
18 benefit covered by private health insurers; however, it is a benefit for eligible families who have
19 Medicaid or TRICARE coverage.

20 Based on a DOH Children with Special Health Needs Program phone survey to
21 orthodontists providing treatment for cleft lip and palate, the range in fees was \$5,000 to more
22 than \$6,000 for the second and third treatment phases. A maximum benefit of \$5,500 per
23 orthodontic treatment phase seems appropriate.

24 Thank you for the opportunity to testify.



**TESTIMONY OF JAN K. YAMANE, ACTING STATE AUDITOR ON
HOUSE BILL NO. 174, HOUSE DRAFT 1,
RELATING TO HEALTH**

**House Committee on Consumer Protection and Commerce
February 18, 2015**

Chair McKelvey and Members of the Committee:

I am Jan Yamane, Acting State Auditor. Thank you for this opportunity to testify in support of House Bill No. 174, House Draft 1, relating to health, which follows our recommendation in Report No. 14-08, entitled *Study of Proposed Mandatory Health Insurance Treatment of Orofacial Anomalies*. The 2014 Legislature asked our office to assess the social and financial effects of mandating health insurance coverage for medically necessary orthodontic treatment of persons with orofacial anomalies, as proposed in House Bill No. 2522 (HB 2522) of the 2014 Regular Session, which is similar in most respects to House Bill No. 174, House Draft 1 (HB 174, HD 1).

The purpose of HB 174, HD 1, is to promote quality health care procedures by requiring health insurance coverage for medically necessary orthodontic treatment of orofacial anomalies. HB 174 establishes the maximum dollar-amount benefit allowed per treatment phase at \$5,500. (This is \$500 more than the amount proposed last year in HB 2522.) The bill would mitigate a significant financial hardship for working families whose private medical insurance does not cover medically necessary orthodontic services for children born with orofacial anomalies, including cleft lip or palate or other birth defects of the mouth and face affecting functions such as eating, chewing, speech and respiration. The bill shifts out-of-pocket costs incurred by these families to the insurers, by requiring them to cover direct or consultative services by a licensed orthodontist, similar to families enrolled in programs administered by the Med-QUEST Division of the Department of Human Services. Although the effect on insurance premiums is unknown, cost and

usage of orthodontic services to treat orofacial anomalies overall is not likely to increase because children requiring such services generally obtain the services, albeit often delayed until payment issues are resolved.

Thank you for the opportunity to testify in support of HB 174, HD 1. I would be pleased to answer any questions that you may have.



STATE OF HAWAII
STATE COUNCIL
ON DEVELOPMENTAL DISABILITIES
919 ALA MOANA BOULEVARD, ROOM 113
HONOLULU, HAWAII 96814
TELEPHONE: (808) 586-8100 FAX: (808) 586-7543
February 18, 2015

The Honorable Angus L.K. McKelvey, Chair
House Committee on Consumer Protection and Commerce
Twenty-Eighth Legislature
State Capitol
State of Hawaii
Honolulu, Hawaii 96813

Dear Representative McKelvey and Members of the Committee:

SUBJECT: HB 174 HD1 – Relating to Health

The State Council on Developmental Disabilities (DD) **SUPPORTS HB 174 HD1**. The purpose of this bill is to promote quality health care procedures in the State by requiring health insurance coverage of medically necessary orthodontic treatment of orofacial anomalies.

The Council is aware that Section 23-51, Hawaii Revised Statutes, requires that before any legislative measure mandating health insurance coverage can be considered, concurrent resolutions must be passed by the Legislature requesting the Auditor to submit a report to the Legislature that assesses both the social and financial effects of the proposed mandated coverage. This was completed and transmitted to the Twenty-Eighth Legislature on September 16, 2014, Report No. 14-08.

We would like to highlight the Auditor's findings and recommendation:

1. Page 9: Social impacts are significant for children born with orofacial anomalies, "Based on the responses to our survey below, we conclude that the social impact of mandating coverage for medically necessary orthodontic treatment for orofacial anomalies would be significant and warrants coverage."
2. Page 12: Financial impacts on insurers are minimal, "Results of our survey indicated that the financial impacts would be minimal."
3. Page 19: Conclusion, "Nevertheless the proposed bill would provide substantial social benefit in exchange for a minimal cost to private insurers."
4. Page 19: Recommendation, "House Bill No. 2522 requiring health insurance coverage for medically necessary orthodontic treatment for orofacial anomalies should be enacted."

The Honorable Angus L.K. McKelvey
Page 2
February 18, 2015

The Council recognizes that orthodontics has been a covered medical benefit of the Hawaii Medicaid program for several years, and medically necessary orthodontics are included as an essential health benefit under pediatric oral health in the State's healthcare benefits package. However, private health insurers are NOT mandated to provide the coverage. Without treatment, the individual will experience a lifetime of consequences associated with nutritional and functional deficiencies, speech impairment, malocclusion and premature tooth loss, and adverse psychosocial effects.

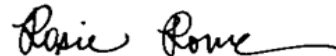
The Council appreciates the Legislature's initiative in addressing mandated coverage of medically necessary orthodontics by private health insurers.

Thank you for the opportunity to submit **supportive testimony for HB 174 HD1**.

Sincerely,



Waynette K.Y. Cabral, M.S.W.
Executive Administrator



Rosie Rowe
Chair

Twenty Eighth Legislature, 2015
State of Hawaii

Representative Angus L.K. McKelvey, Chair
Representative Justin H. Woodson, Vice Chair
House Committee on Consumer Protection and Commerce

R. Michael Hamilton, MD, MS, FAAP
President, Hawaii Chapter of the American Academy of Pediatrics
2828 Paa St.
Honolulu, Hawaii 96819

Hearing: Wednesday Feb. 18, 2015 @ 3pm. Rm 325

Thank you for the opportunity to testify in strong **Support for H.B. 174, H.D. 1.** , which will promote accessibility to quality health care procedures in the State by requiring health insurance coverage of medically necessary orthodontic treatment of orofacial anomalies.

The Hawaii Chapter of the American Academy of Pediatrics is a voluntary organization of over 200 pediatricians and allied health professionals in Hawaii. Our mission is to attain optimal physical, mental and social health and well-being for infants, children, adolescents and young adults of the state of Hawaii.

This bill will support those patients and their families who are burdened with devastating and life changing physical orofacial anomalies. Many children who are born with such conditions require multiple surgeries by experts in the area of plastic surgery, otolaryngology, and oral facial surgeons, who all work as a team to bring some normalcy to these young patients. Orthodontic treatment is a vital component of these keiki's overall care and ultimate outcome; it is so much more than just cosmetic care. Health insurance for this component of care will help to alleviate some of the burden placed on these patients and their families.

On behalf of the Hawaii Chapter of the American Academy of Pediatrics, I would like to express my strong support for this bill (H.B. 174) and would like to thank you in advance for the help this bill will provide to a very vulnerable population in Hawaii. Keiki make up only a small percentage of the wonder people of Hawaii, but they make up 100% of our future. Let's support them.

Thank you,

R. Michael Hamilton, MD, MS, FAAP
President, Hawaii Chapter of the American Academy of Pediatrics

Twenty-Eighth Legislature, 2015
State of Hawaii

Representative Angus L.K. McKelvey, Chair
Representative Justin H. Woodson, Vice Chair
House Committee on Consumer Protection and Commerce

Kelli-Ann Frank Voloch, MD
46-281 Haiku Rd.
Kaneohe, HI 96744

Wednesday, February 18, 2015

Support for H.B. 174, H.D. 1, Relating to Health which will promote accessibility to quality health care procedures in the State by requiring **Health** insurance coverage of medically necessary orthodontic treatment of orofacial anomalies.

My name is Dr. Kelli-Ann Frank Voloch, Parent of a child with an unilateral cleft lip and palate unique smile! I'm privileged to coordinate the Lifetime of Smiles Cleft lip and palate support group at Kapiolani Medical Center for the past five years, a Pediatrician at the Waianae Coast Comprehensive Health Center for nearly fifteen years, and an Assistant Professor at the University of Hawaii John A. Burns School of Medicine for approximately ten years. I am providing this letter to request your strong support in favor of **H.B. 174 HD1** which would promote accessibility to quality health care procedures in the State by requiring health insurance coverage of medically necessary orthodontic treatment of orofacial anomalies.

As a parent of a pre-teen who has undergone multiple craniofacial surgeries, bone grafting procedures, and currently in phase 2 of 3 Orthodontia, we humbly request accessibility to **health** coverage for medically necessary Orthodontic treatment of cleft lip and palate and other orofacial (face and mouth) anomalies (birth defects). Without the multiple phases of orthodontia the social impact of a lifetime of teasing, speech delays, difficulty eating and chewing, and low self-esteem would be devastating. We pay large health insurance and dental premiums only to be restricted to a lifetime maximum of \$1500 to \$2000 for Orthodontia via Dental insurance. Obviously this is not sufficient for the **multiple phases** required for our children with orofacial anomalies and the financial hardship is significant for many middle class families. Average total for out-of-pocket cost can total more than \$10,000.00. The proposed bill will shift the out-of-pocket costs by requiring **health insurers** to provide coverage for services rendered by licensed orthodontist, as currently provided by the Med-QUEST program of the Department of Human Services. **Seventeen states already mandate health insurance coverage for orthodontic services to children with cleft lip and palate and orofacial anomalies who are under private insurance.**

The social impact of **H.B. 174 HD 1** will improve health outcomes of children with cleft lip and palate who are covered by Private insurance. Studies in other states have shown that adding **this coverage increases participants' insurance premiums by less than \$1 per year.** This is why we are in strong support of H.B.174. We humbly request that you consider the above to bring parity among all families in the State of Hawaii. Orthodontic treatment of cleft lip and palate is NOT cosmetic. It is part of the medical treatment due to a congenital birth defect. Health insurance covers many of the required procedures but not the Orthodontic needs. Remember Med-Quest program of DHS already covers these services for children with orofacial anomalies.

Thank you and Aloha for this opportunity to support of H.B. 174 HD 1.

PASS on the SMILES today for the children born with Cleft lip and palate in Hawaii!!!

Mahalo nui loa,

Kelli-Ann Frank Voloch, MD

Parent

Founder of Lifetime of Smiles Support Group

Wednesday – February, 18, 2015 3:00pm
Conference Room 325

HOUSE COMMITTEE ON CONSUMER PROTECTION & COMMERCE

Representative Angus KcKelvey, Chair
Representative Justin Woodson, Vice Chair

From: Malia Shimokawa, MD
Kapi'olani Cleft and Craniofacial Center

Re: HB 174, HD1 Relating to Health
Testimony in Support

My name is Malia Shimokawa, MD, and I am one of the team leaders of the Cleft and Craniofacial Center of Kapi'olani Medical Center for Women & Children (Kapi'olani). Kapi'olani Medical Center is the state's only maternity, newborn and pediatric specialty hospital. It is also a tertiary care, medical teaching and research facility. Specialty services for patients throughout Hawai'i and the Pacific Region include intensive care for infants and children, 24-hour emergency pediatric care, air transport, maternal-fetal medicine and high-risk perinatal care. The not-for-profit hospital offers several community programs and services, such as the Kapi'olani Child Protection Center and the Sex Abuse Treatment Center. Additionally, Kapi'olani's Women's Center is ranked among the top in the nation. Kapi'olani Medical Center is an affiliate of Hawai'i Pacific Health, the state's largest health care provider.

I write in support HB 174, HD1 which would mandate health insurance coverage of orthodontic treatment for orofacial anomalies. The rate of children with orofacial anomalies such as cleft lip or cleft palate in Hawaii is estimated to be one in five hundred. Orthodontic treatment is a critical component of care in these cases. Without orthodontic treatment, individuals with orofacial anomalies experience serious functional deficiencies in chewing, swallowing, respiration, speech, unstable or malpositioned oral structures, and premature tooth loss. For many families, the expense for this type of treatment is not affordable.

HCR 100 which was adopted by the legislature in 2014 requested the Auditor to assess the social and financial effects of mandating health insurance coverage for medically necessary orthodontic treatment of persons with orofacial anomalies. The Auditor's report issued in September 2014 concluded that requiring health insurance coverage would provide a substantial social benefit in exchange for a minimal cost to private insurers. Coverage would mitigate a significant financial hardship for working families whose private medical insurance does not cover medically necessary orthodontic services for their children born with orofacial anomalies. Notably, medically necessary orthodontics for orofacial anomalies has been a covered medical benefit of the Medicaid program. Several states also provide orthodontic treatment as a mandated health benefit.

Thus, we strongly support health insurance coverage for the treatment of orofacial anomalies, and ask your Committee to pass this measure.

Thank you for the opportunity to provide this testimony.

Twenty Eighth Legislature, 2015
State of Hawaii

Representative Angus L.K. McKelvey, Chair
Representative Justin H. Woodson, Vice Chair
House Committee on Consumer Protection and Commerce

Lynn M. Iwamoto, MD
Department of Pediatrics
1319 Punahou Street

DATE of HEARING: February 20, 2015

Support for H.B. 174, H.D. 1. which will promote accessibility to quality health care procedures in the State by requiring health insurance coverage of medically necessary orthodontic treatment of orofacial anomalies.

I am a Neonatologist with Kapi‘olani Medical Specialists and Associate professor of pediatrics with the department of pediatrics, University of Hawai‘i John A Burns School of Medicine. I am also the former medical director of the Kapi‘olani Cleft and Craniofacial Center.

This testimony is in support of H.B. 174, H.D.1 which requires health insurance coverage of medically necessary orthodontic treatment of orofacial anomalies such as cleft lip and palate. This bill will facilitate the coordination of orthodontic treatment with the management of the medical and surgical management of children with cleft lip and palate. As children are continually growing and developing, there is a window of time within which coordinated treatment should occur. In the past, lack of coverage resulted in delays or omission of orthodontic treatment that ultimately led to poor dental, speech and behavioral outcomes for these children who have the potential to lead normal lives. This concern has been recognized in several other states, in that they now have legislation requiring health insurance coverage for these medically necessary treatments.

In closing, I fully support this bill. It will bring great improvement to the lives of our children with cleft lip and palate in addition to the fact that appropriate dental and orthodontic care is integral to the basic management of children with this condition.

Sincerely,
Lynn M. Iwamoto, MD

February 18, 2015

The Honorable Angus L. K. McKelvey, Chair
The Honorable Justin H. Woodson, Vice Chair
House Committee on Consumer Protection and Commerce

Re: HB 174, HD1 – Relating to Health

Dear Chair McKelvey, Vice Chair Woodson and Members of the Committee:

The Hawaii Medical Service Association (HMSA) appreciates the opportunity to testify on HB 174, HD1, which would require health insurance coverage for orthodontic treatment for orofacial anomalies. HMSA has a suggested amendment to this Bill.

We are aware that the State Auditor's Report 14-08 recommended passage of similar legislation, although the true financial impact to health insurance premiums could not be determined. Despite that, should the Committee consider passing this measure, we believe the benefit should be available to all affected children and young adults, whether their coverage is thru a plan purchased through the Hawaii Health Connector or thru a plan outside of the Connector.

To accomplish this, we suggest that the SB 236 be amended where Section 431:10A-__ (g) in Section 2 of the Bill and Section 432:1__ (g) of Section 3 of the Bill is deleted in full as follows:

~~[(g) As of January 1, 2016, to the extent that this section requires benefits that exceed the essential health benefits specified under section 1302(b) of the Patient Protection and Affordable Care Act of 2010 (P.L. 111-148), the specific benefits that exceed the specified essential health benefits shall not be required of a qualified health plan when the plan is offered in this State through the Hawaii health insurance exchange by a health carrier. Nothing in this subsection shall nullify the application of this section to plans offered outside the exchange.]~~

Thank you for the opportunity to testify on HB 174, HD1. Your consideration of our request is appreciated

Sincerely,



Jennifer Diesman
Vice President, Government Relations

Twenty Eighth Legislature, 2015
State of Hawaii

Representative Angus L.K. McKelvey, Chair
Representative Justin H. Woodson, Vice Chair
House Committee on Consumer Protection and Commerce

Joan Ceccarelli Meister MD
808-352-3227

February 18, 2015

Support for H.B. 174, H.D. 1. which will promote accessibility to quality health care procedures in the State by requiring health insurance coverage of medically necessary orthodontic treatment of orofacial anomalies.

Introduction:

1. My name is Joan Ceccarelli Meister. I am a neonatologist and pediatrician. I practice in Honolulu and Kapiolani Medical Center for Women and Children and Queens Medical Center. I care for premature infants all the way through children aged 18 years.
2. I am testifying in support of H.B. 174, H.D.1 which requires health insurance coverage of medically necessary orthodontic treatment of orofacial anomalies such as cleft lip and palate.

Content:

I am a physician in the Kapiolani Cleft and Craniofacial Clinic. We care for infants through age 18 years who have a multitude of congenital conditions that affect their facial structure and function. These children endure significant difficulties with breathing, eating, chewing, speech and self esteem. They undergo years of surgeries and therapies to improve the basic needs for normal function and appearance. Their families invest an amazing amount of time caring for and getting their children to the appointments/therapies/surgeries.

Often times families must prioritize what is the most important need for their child—sometimes this is time based; sometimes it is what the child can handle at that time; often times it is financial based. NEVER should a child be unable to obtain NECESSARY medical or dental treatment because of financial inability of their parents to pay. Orthodontic needs for these children with craniofacial anomalies is not at all cosmetic or appearance based. It is necessary to achieve what was functionally incorrect at birth and is necessary for successful and safe eating/chewing; airway stability; speech; sinus and ear health; and dental health.

Closing:

1. I am in support of HB 174 in order to ensure the return of normal functionality to these children who have congenital craniofacial defects in order to allow them normal eating and chewing allowing for safe eating and normal digestion; intelligible speech; appropriate oral health as this is a contributing factor to overall general health.

Thankyou very much for your attention to this very important subject.

Sincerely-

Joan Ceccarelli Meister MD

Twenty Eighth Legislature, 2015
State of Hawaii

Representative Angus L.K. McKelvey, Chair
Representative Justin H. Woodson, Vice Chair
House Committee on Consumer Protection and Commerce

The Maga Family
6207 Kawaihae Place
Honolulu, Hawaii 96825

Wednesday, February 18, 2015

Support for H.B. 174, H.D. 1, Relating to Health

We are the Maga family and testifying in strong support of H.B.174, H.D.1. Our daughter, Anya Maga, was born with a unilateral cleft lip and cleft palate in 2009. By the age of two, she had gone through three reconstructive surgeries to correct these orofacial disorders. As you can imagine this was very difficult for our family, but these surgeries significantly improved her quality of life. The improvements in her speech, eating & breathing, and visual appearance are immeasurable. Fortunately, all of these surgeries were covered by health insurance.

As Anya grows up through adolescence and adulthood, it is nearly certain that she will require additional reconstructive surgeries for the same reasons outlined above. And while the reconstructive surgeries will be covered by medical insurance, the **medically necessary** orthodontic procedures required to prepare for the surgeries are not covered. Here are some facts regarding these procedures related to orofacial disorders:

- On average, their lifetime cost are over \$10,000
- They are normally covered by dental insurance, not health insurance
- **If covered** by dental insurance, the maximum lifetime benefit is normally \$1,500.

With minimal to no insurance coverage for these procedures, an undue burden will be put on our family to ensure Anya obtains the proper medical care. In addition, while our family will be able to plan and pay for these procedures, there are many other families throughout Hawaii that will not have this luxury and will either not get the necessary medical care or have it unduly delayed, resulting in a significant decline in their quality of life.

Currently, seventeen states have mandated coverage for these procedures due to the fact that the additional cost to insurance providers and their participants is minimal, while the benefit to the individuals and families dealing with orofacial disorders is substantial.

Studies in other states have shown that adding this coverage increases participants' insurance premiums by less than \$1 per year. This is why we are in strong support of H.B.174.

Thank you for the opportunity to testify in support of H.B.174, H.D.1.

Respectfully submitted,

Jason Maga

Michelle Pestel-Maga

Anya Maga

Kathleen Mishina, RN, BSN, MPH
P. O. Box 740
Captain Cook, HI. 96704

Twenty Eighth Legislature, 2015
State of Hawaii

Representative Angus L.K. McKelvey, Chair
Representative Justin H. Woodson, Vice Chair
House Committee on Consumer Protection and Commerce

Regarding: HB 174, HD.1
Date of Hearing: February 18, 2015 @ 3:00 pm

I am testifying in support for H.B. 174, H.D.1: which will promote accessibility to quality health care procedures in the State by requiring health insurance coverage of medically necessary orthodontic treatment of orofacial anomalies, such as cleft lip and palate.

I am a retired registered nurse with 35 years of work experience in hospital, community and public health. My entire nursing career has been practiced in the State of Hawaii. Twenty two of my 35 years of nursing had been as a public health nurse, and in that capacity, I worked closely with families whose child was born with an orofacial anomaly. I understand the financial barriers to accessing care, and the complexity of case managing a condition that requires specialized medical care and intervention.

I support the findings of the state auditor's 2014 sunrise study on the advisability of mandating insurance coverage for orofacial anomalies (Report No. 14-08), which provides evidence for support of this bill. I am requesting your support of HB 174, H.D. 1, which would provide equal access to care for all affected children by requiring health insurance coverage of medically necessary orthodontic treatment for orofacial anomalies.

The most compelling reason to pass this bill is to provide timely and equal access to orthodontic services for all children, not just a few. Orthodontic services are an important component for correcting orofacial anomalies.

In closing, I ask that you and your committee members pass HB 174, H.D. 1, so that all individual, group accident and health or sickness insurance policies issued in the State of Hawaii provide equal access to care and coverage for medically necessary orthodontic treatment and services for all children with orofacial anomalies.

Sincerely,

Kathleen Mishina, RN, BSN, MPH

House Committee of Consumer Protection & Commerce
The Honorable Angus McKelvey, Chair
The Honorable Justin Woodson, Vice Chair

Kathleen Han
MSW Student
University of Hawaii Graduate Division

Wednesday February 18, 2015, 3:00 pm
Conference Room 325

I support HB 174

My name is Kathleen Han and I am a second year MSW student at the University of Hawaii. I am testifying in favor of HB 174.

Orofacial anomalies, such as cleft lip or cleft palate, require lengthy treatment plans which end up being very costly to the patient and their family over the course of time. Already having to pay for copayments, deductibles, and other out of pocket fees; cost of medically necessary orthodontic treatment causes additional financial burden for families. Not to mention, the cost of raising a family in Hawaii is already expensive.

Cleft lip and cleft palate can cause feeding problems, hearing loss, speech problems, dental problems, and affect a child's self-esteem. Studies have also shown those born with orofacial anomalies are at higher risk of anxiety and depression. Due to the high cost of orthodontic treatment, not all families can afford it or may end up in financial hardship. By having private insurances cover orthodontic treatments, families will have less financial burden and can continue on with their treatment. Individuals with orofacial anomalies require orthodontic treatment; it is not a cosmetic procedure.

Orthodontic treatment will have positive outcomes for individuals born with orofacial anomalies. Not only will it have health benefits but it will also improve their emotional well-being. I am in support of HB 174.

Thank you very much,

Kathleen Han

From: mailinglist@capitol.hawaii.gov
Sent: Monday, February 16, 2015 11:35 PM
To: CPCtestimony
Cc: dhusui@mail.com
Subject: Submitted testimony for HB174 on Feb 18, 2015 15:00PM

HB174

Submitted on: 2/16/2015

Testimony for CPC on Feb 18, 2015 15:00PM in Conference Room 325

Submitted By	Organization	Testifier Position	Present at Hearing
David Usui	Individual	Support	Yes

Comments: will try hard to be there, but daughter is undergoing surgery at 12:30 and recovery period is unknown at this time. but gotta try and speak for her behalf. Thank you

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

Do not reply to this email. This inbox is not monitored. For assistance please email webmaster@capitol.hawaii.gov

From: David Usui <dhusui@mail.com>
Sent: Monday, February 16, 2015 11:20 PM
To: CPCtestimony; Rep. Angus McKelvey; Rep. Beth Fukumoto Chang; Rep. Ryan Yamane; Rep. Justin Woodson; Rep. Tom Brower; Rep. Sharon Har; Rep. Bob McDermott; Rep. Marcus Oshiro; Rep. Della Belatti; Rep. Richard Creagan
Subject: Strong support of H.B. 174,H.D. 1, Relating to Health

Importance: High

Twenty Eight Legislature 2015
State of Hawaii

Representative Angus L. K. McKelvey, Chair
Representative Justin H. Woodson, Vice Chair
House Committee on Consumer Protection and Commerce

The Usui Family
94-308 Malana place Mililani, HI 96789
721-5220 / 625-7499

Monday February 16, 2015

Support for H.B. 174,H.D. 1, Relating to Health

Good Afternoon Honorable Representatives my Name is David Usui and I am testifying in **STRONG SUPPORT OF H.B.174,H.D.1.** which would promote quality health care procedures in the State by requiring health coverage for medically necessary orthodontic treatment of oralfacial anomalies.

Why am I a **STRONG SUPPORTER** of passing this bill? Our Daughter Diane was born with unilateral cleft lip and cleft palate in 2007. Our daughter whom we adopted from China back in 2009, was abandoned after 1 day and left at a local hospital. She had her lip repaired in China, but due to lack of either skilled surgeons or facilities she was put up for adoption at the age of 2 yrs 2 months. We brought her back home in November 2009. Since then she has undergone surgery for her cleft palate and tubes placed in her ears because of the cleft issues, had the tubes reinserted after they fell out, had surgery for her lack of a flangeal flap which by the way caused her to develop sleep apnea, had reconstructive oral surgery to graft a bone from her hip to her mouth so that her permanent teeth can take hold, and is and now will be undergoing surgery to fix her flangeal flap which caused her to develop sleep apnea and have a hard time breathing at night. Mind you she had to wear a cpap mask at her age of 7. Going to the company to be fitted for a mask I saw older people like myself going to a orientation. 7 yrs old with sleep apnea??? So picture this girl of 7 who will be undergoing her 6th surgery in her 7 yrs of life. The oral facial surgery she had last year was NOT covered and we had to pay upfront over \$6300. Luckily for us we were able to charge it by credit card, but now not so lucky as we slowly have to pay it off and with the cost of interest fees, by the time this is paid off will have cost us over \$9000 or more. It is difficult not only for our family but for the other families who may struggle with finances as well.

Having this type of oral facial disorder has caused her to have speech delays due to the lack of a complete palate, teeth placement. She attends speech therapy twice a week at her school and has made great improvements in the previous years till now. She has also suffered a moderate hearing loss in her right ear in part related to her lack of a palate in her mouth. So she had to get a hearing aide for her to hear better in school. She also has a "appliance" in her mouth to create space for her upcoming permanent teeth which is coming out in the next few years.

Diane will probably will need more orthodontic care to fix her teeth as they take root (No pun intended) in the future. These type of surgeries are not covered and with bare minimum insurance or lack of it will place a Huge financial burden on not only our family but other families as well. Hawaii already is the highest cost of living state in the U.S. and for the families like ours who live month to month dealing with the high cost of living and expenses, this will be a huge huge financial hardship on us and other families who have children like ours. For her and other children to either delay corrective procedures or not get them at all will set these children even farther back than their peers

She is already small in stature for a 7 year old and for her and others to be it is to give our child and other children a sense of normalcy as they grow up and not break their parents bank account in the process of having to pay out of pocket expenses for something the family or child couldn't prevent from happening. I believe that there are at least 17 states that do have this type of insurance to cover these surgeries with little cost to the insurance providers but for the children and their families the benefit is Huge. It will give our children a sense of being normal with their peers, w/o being teased, and possibly give them much needed self esteem that they need at a young age.

In closing Honorable Representatives I again would like to state my testimony for passage of H.B.174, H.D.1. as it would ease the financial hardships of ours and many other families whose child has to deal with these oralfacial disorders. Let me leave you with this thought. What if the roles were reversed and you had or someone close to you had a child with oralfacial anomalies and you had to pay out of pocket expenses just so that your child can be on par with his or her peers in speech and even in self esteem. Would you be facing financial hardship? Would you have to look for another job, or relocate to a state that has such insurance coverage for such procedures, this I ask humbly of you to PLEASE pass H.B.174,H.D.1. Thank You.

Respectfully submitted,
David Usui
Amy Usui
Diane Usui

From: mailinglist@capitol.hawaii.gov
Sent: Saturday, February 14, 2015 10:44 PM
To: CPCtestimony
Cc: bambam_689@yahoo.com
Subject: *Submitted testimony for HB174 on Feb 18, 2015 15:00PM*

HB174

Submitted on: 2/14/2015

Testimony for CPC on Feb 18, 2015 15:00PM in Conference Room 325

Submitted By	Organization	Testifier Position	Present at Hearing
David Sumikawa	Individual	Support	No

Comments:

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

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Twenty Eighth Legislature, 2015
State of Hawaii

Representative Angus L.K. McKelvey, Chair
Representative Justin H. Woodson, Vice Chair
House Committee on Consumer Protection and Commerce

Kim and Jerry Virtudazo
Ewa Beach, Hi 96706

February 14, 2015

RE: H.B. 174, H.D. 1. – Relating to Health

Dear Chair McKelvey, Vice Chair Woodson, and Members of the committee:

My name is Kim Virtudazo and I am a public school teacher at a James Campbell High School. I am writing you as a parent; My two year old son was born with a severe cleft lip and cleft palate. I am here to provide testimony in support of HB 174, HD 1, which would promote quality health care procedure in the State by requiring health coverage for medically necessary orthodontic treatment of orofacial anomalies.

The biggest misconception of cleft lips and palates is that it's only a cosmetic imperfection; I myself, believed this before I learned of my son's condition. Today Logan is three years old. At birth the severity of his cleft caused secretion (milk mixed with bodily fluids that would cause choking). Because of the severity, I had to stop working for 9 months to tend to him. Through Easter Seals, Logan began his speech and occupational therapy at 7 weeks old. At 3 months old, Logan underwent his lip repair surgery. At the age of 11 months, he underwent his palate repair surgery and received hearing tubes. He now has a few years to enjoy until his next surgery. Logan has a gap in his gums and he will need to have bone grafting sometime between the ages of 6 -9.

So far, the medical bills have been manageable but I am concerned with this next surgery. As a public school teacher, and my husband a purchasing agent, we can't afford a payment of \$5,000-\$10,000 for something that is medically necessary. Our son has gone through so much and the added cost of surgery will be an additional burden on our family. As a teacher, I see firsthand how difficult it is being a kid. Kids can be mean and not having this surgery is not an option for our family – I will not allow my son to be treated differently or bullied for something that can be fixed. However, having to pay for this surgery fully will put a financial strain on our family. Having to pay thousands for a medically necessary surgery seems inhumane.

Without this surgery, our son's speech, feeding, swallowing, self-esteem, etc. will be affected. The State and Federal government recognizes that the surgery is medically necessary, covering it under MedQuest and Medicaid, it's time that the private insurance companies do the same. I humbly ask you to please support HB 174, HD 1.

Thank you for this opportunity to testify and please pass HB174, HD 1.

Sincerely,
Kim and Jerry Virtudazo (for Logan 3 years old)

Twenty Eighth Legislature, 2015
State of Hawaii

Representative Angus L.K. McKelvey, Chair
Representative Justin H. Woodson, Vice Chair
House Committee on Consumer Protection and Commerce

Ai-Khanh Hoang
Ewa Beach, Hi 96706

February 14, 2015

RE: H.B. 174, H.D. 1. – Relating to Health

Dear Chair McKelvey, Vice Chair Woodson, and Members of the committee:

My name is Ai-Khanh Hoang and I am writing in support of HB 174, HD 1. I am writing you as an Aunt; My three year old nephew was born with a severe cleft lip and cleft palate. I am here to provide testimony in support of HB 174, HD 1, which would promote quality health care procedure in the State by requiring health coverage for medically necessary orthodontic treatment of orofacial anomalies.

The biggest misconception of cleft lips and palates is that it's only a cosmetic imperfection; I myself, believed this before I learned of my son's condition. Today Logan is three years old. At birth the severity of his cleft caused secretion (milk mixed with bodily fluids that would cause choking). Because of the severity, I had to stop working for 9 months to tend to him. Through Easter Seals, Logan began his speech and occupational therapy at 7 weeks old. At 3 months old, Logan underwent his lip repair surgery. At the age of 11 months, he underwent his palate repair surgery and received hearing tubes. He now has a few years to enjoy until his next surgery. Logan has a gap in his gums and he will need to have bone grafting sometime between the ages of 6 -9.

Without this surgery, our son's speech, feeding, swallowing, self-esteem, etc. will be affected. The State and Federal government recognizes that the surgery is medically necessary, covering it under MedQuest and Medicaid, it's time that the private insurance companies do the same. I humbly ask you to please support HB 174, HD 1.

Thank you for this opportunity to testify and please pass HB174, HD 1.

Sincerely,
Ai-Khanh Hoang

Twenty Eighth Legislature, 2015
State of Hawaii

Representative Angus L.K. McKelvey, Chair
Representative Justin H. Woodson, Vice Chair
House Committee on Consumer Protection and Commerce

Wesley and Michelle Kau
Phone: 382-8752

February 18, 2015

We write in strong support of **H.B. 174, H.D. 1**, which will promote accessibility to quality health care procedures in the State by requiring health insurance coverage of medically necessary orthodontic treatment of orofacial anomalies. The following is a brief summary of our personal experience and reasons why we support the bill.

Our child was born five years ago with a bilateral cleft lip and palate. In the third month of pregnancy, we were informed that the ultrasound detected a cleft. While researching the condition, we asked the physicians many questions, including treatment options, prognosis, and financial expenses, and were informed that orthodontic treatment was covered by insurance, much like surgery and speech therapy.

Two years ago, we were extremely surprised when Eileen Matsumoto from the State Department of Health notified the patients at the Kapiolani Hospital Cranial Facial Services that she would be researching and preparing data to enact legislation requiring health insurance companies in Hawai'i to mandate coverage for orofacial anomalies: a state law that we were led to believe had already existed. Having paid for three other older children's orthodontic care with minimum insurance benefits, we were very disappointed to learn about additional and much greater costs we would have to pay for resulting from the lack of insurance coverage for the extensive orthodontic services related to this condition. We both work for the University of Hawai'i, earn average salaries, and the unexpected expense will surely create additional stress for our family.

We also know understand that this birth defect affects families with various resources and financial abilities and have met several families over the past five years who simply cannot afford to pay \$10,000 - \$15,000 out of pocket for orthodontic services. Without new legislation, these children will be left behind to join the many others who already face unnecessary physical and social hardships resulting from the lack of appropriate attention to this serious matter.

We strongly support **H.B. 174, H.D. 1**, which will promote accessibility to quality health care procedures in the State by requiring health insurance coverage of medically necessary orthodontic treatment of orofacial anomalies.

Thank you,
Wesley and Michelle Kau

Twenty Eight Legislature, 2015
State of Hawai‘i

Representative Angus L.K. McKelvey, Chair
Representative Justin H. Woodson, Vice Chair
House Committee on Consumer Protection & Commerce

The Fernandez Family
7895 Ulili Road
Kekaha, HI 96752

Wednesday, February 18, 2015

Support for H.B. 174, H.D. 1, Relating to Health

We are the Fernandez family from Kekaha, Kaua‘i and testifying in strong support of H.B. 174, H.D. 1.

Our son, Brennen, was born with a unilateral cleft palate in 2006. At 6 months old, he got a corrective surgery to help repair his palate. By age 2, he had gotten another surgery related to his birth defect. The surgeries were successful and were helping him to thrive. The surgery improved his eating, hearing and speech tremendously. Both of the surgeries were covered by my medical insurance and we had an affordable out-of-pocket copayment of \$1.01.

Brennen is now 8 years old and more issues relating to his cleft palate birth defect keeps arising. We were advised from his regular dentist that he should consult with an orthodontics doctor to have medically necessary orthodontics procedures to help better his quality of life. He is now on phase 1 of his orthodontics treatment plan. Brennen currently has a W expansion arch installed in his mouth. He will use this appliance for about a year. This phase will prepare him for phase 2 and will require many more years and extensive work to be done.

Phase 2 has estimation costs of \$10,000 or more. We have already exhausted our \$1000 maximum lifetime benefit for orthodontics coverage under my health care plan. We are a two-parent income household, but we also have many struggles and other financial burden that we are facing. We will have an out-of-pocket cost with over \$10,000 to help fix his situation leaves us speechless and worried that we might to have to take out a credit line to help finance this major expense.

Others states have passed this similar bill including the state of Massachusetts, Governor Deval Patrick signed into law effective January 1st 2013 that coverage will provide benefits for all necessary surgery, medical & dental care for patients, including speech therapy, audiology, nutrition services, orthodontics, and prosthetics. Living in Hawai‘i alone is expensive and orthodontics coverage related to a birth defect such as cleft lip/cleft palate should be covered mandatory by the medical/dental insurance.

Thank you for the opportunity to testify in support of H.B. 174, H.D. 1.

Respectfully submitted,
Evangeline Fernandez
Marnie Fernandez
Brennen Fernandez

Sue Miller
419A Atkinson Dr #804
Honolulu, HI 96814

Twenty Eighth Legislature, 2015
State of Hawaii

Representative Angus L.K. McKelvey, Chair
Representative Justin H. Woodson, Vice Chair
House Committee on Consumer Protection and Commerce

Re: Support for H.B. 174, H.D. 1.

Dear Representative McKelvey, Representative Woodson and Members of the Committee:

My name is Sue Miller. I would like to submit testimony in strong support for H.B. 174, H.D. 1. which will promote accessibility to quality health care procedures in the State by requiring health insurance coverage of medically necessary orthodontic treatment of orofacial anomalies.

I am passionate about the need to have health insurance companies provide coverage for orthodontia in cases of medical necessity such as with cranial/facial anomalies. Here is my story: I adopted a wonderful baby boy from China in 2001. Jacob was born with cleft Lip & palate. When Jacob's teeth came in, I was shocked at how random teeth placement in cleft babies can be. Jacob needs braces on his top teeth to expand his structure in preparation for a bone graft into that area. This is the second time Jacob has gone through this process; His first bone graft did not take so he has to have another in the near future. After the bone graft surgery, he will need top and bottom braces. I am blessed with a good job, but cannot afford to support my children and pay \$8,000 - \$10,000 for orthodontia my son needs in order for his medical treatment plan to progress. As a single parent, this expense will have a drastic effect on my ability to provide for Jacob and my other children, however, for Jacob's sake, I must find some way to pay for this treatment. Otherwise he will be negatively affected for the rest of his life with biting and chewing issues as well as missing and misaligned teeth. This is not a cosmetic issue – it is a medical issue.

Jacob is now an eighth grader at Washington Middle School. One day the security guard asked our neighbor – “who's the ugly kid with the lip” and pointed to his own lip where my son's scar is. My son cried when the neighbor told him – and so did I. Life is tough enough for kids who look different. Add to this the problems of not being able to bite or chew food properly, speech problems and tooth loss or decay because your parents cannot afford to pay for medically necessary orthodontics. With one in five hundred of Hawaii's Keiki being born with orofacial anomalies such as Cleft Lip & Palate, passing this bill requiring health insurers to provide coverage for medically necessary treatment of orofacial anomalies is a step in the right direction.

Aloha and thank you for the opportunity to testify. Please – **H.B. 174, H.D. 1.**

Sue Miller
Aka Jacob's Mom

woodson2-Rachel

From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, February 17, 2015 2:15 PM
To: CPCtestimony
Cc: goodnightgracie@me.com
Subject: *Submitted testimony for HB174 on Feb 18, 2015 15:00PM*

HB174

Submitted on: 2/17/2015

Testimony for CPC on Feb 18, 2015 15:00PM in Conference Room 325

Submitted By	Organization	Testifier Position	Present at Hearing
Vivian and Armando Realista	Individual	Support	No

Comments:

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

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Twenty Eighth Legislature, 2015
State of Hawaii

Representative Angus L.K. McKelvey, Chair
Representative Justin H. Woodson, Vice Chair
House Committee on Consumer Protection and Commerce

Vivian Realista
Armando Realista
Kapaau, Hawaii

February 18, 2015

Support for H.B. 174, H.D.1. which will promote accessibility to quality health care procedures in the State by requiring health insurance coverage of medically necessary orthodontic treatment of orofacial anomalies.

My name is Vivian Realista. My husband and I are the proud parents of our son Armando Realista, age 17. Armando was born with an orofacial anomaly called Treacher Collins Syndrome. Armando will be graduating from Kohala High School this year and is looking forward to college.

We are providing testimony in support of H.B. 174, H.D.1, and have first-hand knowledge of the importance of medical coverage for medically necessary orthodontic treatment because Armando is now ready to begin his orthodontic treatment. Armando has had several complex and painful surgeries and procedures, over the years, leading up to begin orthodontic treatment. Armando's medical treatment plan is developed and regularly reviewed by the Kapiolani Cleft and Craniofacial Center specialists. Following completion of orthodontic treatment, Armando will then be ready to close his tracheostomy. Without the orthodontic treatment and oral structure repositioning, Armando could never have his tracheostomy permanently closed. We could never afford the cost of orthodontic treatments and are fortunate because medicaid will cover Armando's orthodontic treatments. We know of other children, whose parents have private insurance, and they won't be able to afford the orthodontic treatments without tremendous hardship. Their child's treatment plan will be frozen and the child cannot get to the next phase of repair. Many of these children are like Armando and have already gone through painful surgeries just getting ready for this orthodontic phase of their treatment plan. These children and their families need your help. Every child deserves equal access to get the medical care they need to be able to continue on and become healthy and productive individuals in the community. Please help this happen for all Hawaii's children born with orofacial anomalies, not just for the children of parents where cost is not an issue.

We would like to urge you to please support all families with private insurance who have a child needing medically necessary orthodontic treatment by supporting H.B.174, H.D.1. You have the power to help all children born with orofacial anomalies get the needed treatment they need to continue on with their treatment plan. Thank you for allowing us to submit written testimony today.

Vivian and Armando Realista

Twenty Eighth Legislature, 2015
State of Hawaii

Representative Angus L.K. McKelvey, Chair
Representative Justin H. Woodson, Vice Chair
House Committee on Consumer Protection and Commerce

Michele Elbertson
P O Box 5375
Kailua-Kona, Hawaii 96745

February 18, 2015

Support for H.B. 174, H.D.1. which will promote accessibility to quality health care procedures in the State by requiring health insurance coverage of medically necessary orthodontic treatment of orofacial anomalies.

My name is Michele Elbertson and I am the proud parent of Sammy who was born with an orofacial anomaly including a cleft palate and small jaw. Sammy had his latest surgery last year and is now ready for the orthodontic phase of his treatment plan. We have come a long way and have relied on Sammy's craniofacial specialty team at Kapiolani Hospital to guide us with his medical treatment plan.

I am in support of H.B. 174, H.D.1 which would require health insurance coverage of orthodontic treatment for orofacial anomalies. The bill would make it possible for all children born with orofacial anomalies, like Sammy, to get coverage for the orthodontic phases of their medical treatment plan. Without timely orthodontic treatment, Sammy will not get the needed care and the successful restructuring of his past surgeries will certainly be compromised. Sammy continues to make improvements in overall physical and emotional health and orthodontic treatment paired with last year's palate surgery, (and previous surgeries), will vastly improve Sammy's speech and ability to be understood by his peers in school and in the community. It is finally time for this phase.

I urge you to support H.B. 174, H.D.1, so all children born with orofacial anomalies like cleft lip and palate, can move forward with the orthodontic phase of their medical treatment plan. Do not let any child's progress be compromised by something totally out of their control and halt all the gains obtained from the hard work and sacrifices already made by the child and family. You have the ability to give all children equal access to medically necessary orthodontia care and assure all children get a real chance to the best they can be and it is all about the timeliness of this care. Thank you for the opportunity to provide written testimony in support of H.B. 174, H.D.1.

Michele Elbertson
Samuel Cronk

Twenty Eighth Legislature, 2015
State of Hawaii

Representative Angus L.K. McKelvey, Chair
Representative Justin H. Woodson, Vice Chair
House Committee on Consumer Protection and Commerce

Evalani Pandaraoan, Esq.
New York, New York (current)
Waipahu, Hawaii

February 18, 2015

Re: **Support for H.B. 174, H.D. 1.** which will promote accessibility to quality health care procedures in the State by requiring health insurance coverage of medically necessary orthodontic treatment of orofacial anomalies.

Dear Chair McKelvey, Vice Chair Woodson, and Members of the committee:

I am writing in support of H.B. 174, H.D. 1., which will promote accessibility to quality health care procedures in the State by requiring health insurance coverage of medically necessary orthodontic treatment of orofacial anomalies. Although the passage of this bill will not impact me or my family directly, it will significantly impact the family of one of my best friends, Kim, and her son, Logan, whose smile can light up a room.

Kim and her husband, Jerry, have been very active in the passage of this bill and because you have her testimony, I will not reiterate her family's story. Nor will I reiterate the statistics that was provided to you in the Hawaii State Auditor's report, *Study of Proposed Mandatory Health Insurance for Treatment of Orofacial Anomalies*, published in September 2014. Instead, I write to you as a witness to the impact that a child with special needs can have on a family and an insight into one of the many hard working, middle-class families you will be helping with the passage of this bill.

I received a phone call from Kim the day she was told that her son had cleft palate and lip, her voice filled with emotions as the anxiety of having her first child was further exasperated by the news. She wondered whether she and Jerry were equipped to raise a child with special needs, whether they were strong enough to support him through the social impact that orofacial anomalies can have on a child, and worried about the physical and emotional toll it will have on their son; all this in addition the worries that most new parents face. I was unaware at that time that insurance would not cover their son's medically necessary orthodontic surgeries. Thinking back at this phone call, I cannot imagine having the additional anxiety of the financial burden this will have on their family.

However, Kim and Jerry tackled every obstacle head-on. They reached out to organizations for support, made professional sacrifices (including taking nine months off from work and delaying graduate school graduation), and made additional budgetary cuts to save money for Logan's medically necessary surgeries. But their commitment to helping children with orofacial anomalies did not stop with their son.

After they learned of Logan's cleft palate and lip, Jerry became an ardent donor to the Blood Bank of Hawaii as a way to "pay it forward" for the donation that Logan would receive during his surgery. Even with this economic burden, they continually express their gratitude for the support they had received from organizations such as Easter Seals and ask that their family and friends donate to these organizations in lieu of birthday or Christmas gifts. Additionally, instead of asking for donations to help with the cost of Logan's surgeries, that would only relieve their economic burden, they are turning to the legislature to help relieve this burden for every family in their shoes.

It is because of this inspiring family and many more like them that I write to you in support of H.B. 174, H.D. 1. which will promote accessibility to quality health care procedures in the State by requiring health insurance coverage of medically necessary orthodontic treatment of orofacial anomalies. I support this bill for all the families in Hawaii who are doing everything they can to ensure that their child has the ability to give one of the most powerful expressions of aloha, their smile.

Twenty Eighth Legislature, 2015
State of Hawaii

Representative Angus L.K. McKelvey, Chair
Representative Justin H. Woodson, Vice Chair
House Committee on Consumer Protection and Commerce

Grace Miyata
P O Box 185
Kealahou, Hawaii 96750

February 18, 2015

Support for H.B. 174, H.D.1. which will promote accessibility to quality health care procedures in the State by requiring health insurance coverage of medically necessary orthodontic treatment of orofacial anomalies.

My name is Grace Miyata and I have been a social worker working with children with various special health needs for over 29 years on Hawaii Island. I would like to provide testimony in strong support of H.B.174, H.D.1, which requires health insurance coverage of medically necessary orthodontic treatment of orofacial anomalies such as cleft lip and palate.

Passage of the bill will help working families with private insurance afford medically necessary orthodontic services for their children born with orofacial anomalies. Passage of this bill will ensure all children with orofacial anomalies will receive the timely treatment they need to continue following their medical treatment plan. Children who are born with orofacial anomalies, such as cleft lip and palate, are already covered by Medicaid and will continue to have coverage for medically necessary orthodontic treatment. The 2014 state auditor's report reiterates medically necessary orthodontia coverage should be a mandatory benefit to all children born with orofacial anomalies, specifically children covered under their private insurance plan. The report also notes overall cost would be minimal compared to the substantial difference timely orthodontia treatment would make in a child's overall health status.

Families often anguish over their inability to afford the high cost of their child's medically necessary orthodontic treatment because of financial hardship and the automatic denial of orthodontic treatment by their private insurance plans. After the years of countless sacrifices, surgeries, specialist and therapy visits they have managed to get their child through, families know their inability to afford timely orthodontic treatment could negatively affect the rest of their child's life. Discontinuing the automatic denial of orthodontia coverage for children born with orofacial anomalies would eliminate a huge burden for these families who are doing their best in helping reach their child reach his/her optimal health status, physical, social-emotional functioning, and productivity.

Thank you for this opportunity to provide written testimony in support of **H.B.174, H.D.1**: requires health insurance coverage of medically necessary orthodontic treatment of orofacial anomalies such as cleft lip and palate.

Grace Miyata

Twenty Eighth Legislature, 2015
State of Hawaii

Representative Angus L.K. McKelvey, Chair
Representative Justin H. Woodson, Vice Chair
House Committee on Consumer Protection and Commerce

Melissa Ann Newberg and Max Edward Newberg
68-1853 Paniolo Place Waikoloa, Hawaii 96738

February 18, 2015

Support for H.B. 174, H.D.1. which will promote accessibility to quality health care procedures in the State by requiring health insurance coverage of medically necessary orthodontic treatment of orofacial anomalies.

My name is Melissa Ann Newberg and my husband Max and I are the parents of three wonderful and happy children. Our middle daughter, Alena, was born with a cleft lip and palate and we would like to urge you to support for H.B. 174, H.D.1 which requires health insurance coverage of medically necessary orthodontic treatment of orofacial anomalies such as cleft lip and palate.

Alena is almost eight, and we are starting the discussion about the long journey of orthodontic treatment. Because Alena was born with orofacial anomalies, orthodontic treatment is not cosmetic in nature. It is the next phase in Alena's medical treatment plan. Orthodontic treatment is timed to solidify previous surgeries and procedures she has had. We have both dreaded and looked forward to Alena's orthodontic phases. Positives for Alena include building upon previous reconstructive work to mitigate the functional difficulties she has had in speech, dental problems and rectifying mal-positioned oral structures. Luckily, Alena recognizes the ordeals she has been through all move her toward optimal health and functioning. Unfortunately, the high cost of orthodontic treatment will be a hardship for our family. Our private insurance does not automatically cover any of the phases of orthodontic treatment, fearing the orthodontic treatment is cosmetic in nature. Alena's cleft palate necessitates the first phase of Alena's orthodontic treatment would involve bone grafts and structures to keep things in place, the second phase would be completed after the healing of her bone graft. Her medical team assessed and determined the course of her treatment, bone graft surgery and appropriate timing of the orthodontia. How can private insurers automatically deny all medically necessary orthodontia coverage, just in case someone tried to slip in and get cosmetic orthodontia coverage? This seems unreasonable in view of Alena's documented past medical history, surgeries, struggles and absolute adherence to her medical treatment plan. The safeguards are already in place, the medical specialty team devising Alena's plan would

never authorize orthodontia for anyone born without orofacial anomalies and medical treatment plan.

As we urge you to support H.B.174.H.D.1, please remember the potential life long social-emotional and physical costs to children born with orofacial anomalies should medically necessary orthodontic treatment be denied in lieu of cost. And as we see from the State Auditor's report this cost is very minimal compared to the substantial benefits timely orthodontic treatment would bring. All children deserve an equal chance to thrive in society and private insurance companies must look beyond an automatic denial of orthodontic treatment. Children who have Medicaid insurance are covered for medically necessary orthodontic treatment. Please help private insurance companies understand their obligation to cover medically necessary orthodontic treatment for children born with orofacial anomalies. It is the right thing to do and goes such a long way to help ensure our children will be the strong, resilient and productive individuals they were always meant to be.

Thank you for this opportunity to provide testimony in support of H.B.174, H.D.1.

Melissa and Max Newberg

LATE

Hawaii State Legislature
Hawaii State Legislature
State House of Representatives
Committee on Consumer Protection and Commerce

State Representative Angus L. K. McKelvey, Chair
State Representative Justin H. Woodson, Vice Chair
Committee on Consumer Protection and Commerce

Wednesday, February 18, 2015, 3:00 p.m. Room 325
House Bill 174 HD 1 Relating to Health

Honorable Chair Angus L. K. McKelvey, Vice Chair Justin H. Woodson and
members of the House Committee on Consumer Protection and Commerce

My name is Russel Yamashita and I am the legislative representative for the Hawaii Dental Association (HDA) and its 960 member dentists. I appreciate the opportunity to testify in support of House Bill 174 HD 1 Relating to Health. In speaking with the affected parties and dental professionals involved in treating children afflicted with cleft palates, those whose families were uninsured and covered by Medicaid were found to be better off than those families who were covered by private health insurance.

Those hard working parents who were covered by health insurance under Hawaii law were financially worse off than those covered by Medicaid, because Medicaid covered these problems and private insurance did not. As the Legislative Reference Bureau found in studying this issue, the financial impact on a private insurer was not financially significant due to the few numbers of children and families that were affected with this issue. In the interest of fairness and common sense, we believe that all affected parties are convinced that this legislation is long over due and, therefore, the Hawaii Dental Association supports the passage of this legislation.

LATE

Twenty Eighth Legislature, 2015
State of Hawaii

Representative Angus L.K. McKelvey, Chair
Representative Justin H. Woodson, Vice Chair
House Committee on Consumer Protection and Commerce

Lifetime of Smiles Hawaii
Michelle 808-387-5638

Wednesday, February 18, 2015

Support for H.B. 174, H.D. 1, Relating to Health

We are a support group of families and their children who have congenital cleft lip, cleft palate and/or craniofacial needs. We are testifying in strong support of H.B.174, H.D.1.

As these children grow up through adolescence and adulthood, it is nearly certain that they will require additional reconstructive surgeries. And while the reconstructive surgeries will be covered by medical insurance, the **medically necessary** orthodontic procedures required to prepare for the surgeries are not covered. Here are some facts regarding these procedures related to orofacial disorders:

- On average, their lifetime cost are over \$10,000
- They are normally covered by dental insurance, not health insurance
- **If covered** by dental insurance, the maximum lifetime benefit is normally \$1,500.

With minimal to no insurance coverage for these procedures, an undue burden will be put on our families to ensure our children obtain the proper medical care. In addition, while some of our families will be able to plan and pay for these procedures, there are many other families throughout Hawaii that will not have this luxury and will either not get the necessary medical care or have it unduly delayed, resulting in a significant decline in their quality of life.

Currently, sixteen states have mandated coverage for these procedures due to the fact that the additional cost to insurance providers and their participants is minimal, while the benefit to the individuals and families dealing with orofacial disorders is substantial. Studies in other states have shown that adding this coverage increases participants' insurance premiums by less than \$1 per year. This is why we are in strong support of H.B.174 H.D.1.

Thank you for the opportunity to testify in support of H.B.174, H.D.1.

Respectfully submitted,

Lifetime of Smiles Families